

Mariana Bosnjak
Name

P.O. Box 110, Talkeetna, AK 99676
Address
(916) 695-2093
Telephone number

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JAN 17 2023

CLERK, U.S. DISTRICT COURT
ANCHORAGE, AK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

Mariana Bosnjak,
(Enter full name of plaintiff in this action)

Plaintiff,

vs.

Case No. 3:23-cv-00009-SLG
(To be supplied by Court)

Sunshine Community Health,
Center, Inc.

(Enter full names of defendant(s) named
on EEOC final decision. Do NOT use *et al.*)

Defendant(s).

EMPLOYMENT
DISCRIMINATION
COMPLAINT

1. JURISDICTION

This action is brought pursuant to Title VII of the Civil Rights Act of 1964 as amended, for employment discrimination. Jurisdiction is specifically conferred on this Court by 42 U.S.C. § 2000e(5). Equitable and other relief are also sought under 42 U.S.C. § 2000e(5)(g). Jurisdiction is also based on 28 U.S.C. §§ 1331, 1343 and 42 U.S.C. §§ 1981 et seq.

2. PARTIES

- a. Name of plaintiff: Mariana Bosnjak
Present mailing address: P.O. Box 110
Talkeetna, AK 99676
Phone: (916) 695-2093
- b. Name of first defendant: Sunshine Community Health
Present mailing address Center, Inc.
or business location: HC Box 8190, 34300 Mile 4 Talkeetna Spur Road
Talkeetna, AK 99676
Phone: (907) 733-2273
- c. Name of second defendant: _____
Present mailing address _____
or business location: _____
Phone: _____
- d. Name of third defendant: _____
Present mailing address _____
or business location: _____
Phone: _____

(Copy this blank page for additional defendants, if necessary, and label it 2A.)

3. NATURE OF CASE

- a. The address at which I sought employment or was employed by the defendant(s) is: Wrongful termination of employment
over religious objection to mandatory vaccination.

b. The discriminatory acts occurred on or about 09 / 30 / 2021
(month/day/year)

c. The acts complained of in this suit concern:

- i. ☐ Failure to employ me
- ii. ☒ Termination of my employment
- iii. ☐ Failure to promote me
- iv. ☐ Demotion
- v. ☐ Denial equal pay/work
- vi. ☐ Sexual harassment
- vii. ☐ General harassment
- viii. ☐ Other (Be specific; attach additional sheet if necessary):

d. Defendant's conduct is discriminatory with respect to the following:

- i. ☐ My race or color
- ii. ☒ My religion
- iii. ☐ My sex
- iv. ☐ My national origin
- v. Other: My pregnancy at the time of employment termination

e. I filed a complaint with the Alaska State Commission for Human Rights

on or about: 01 / 17 / 2023 (month/day/year)

(?) I sent an email regarding my case.

- f. I filed charges with the Equal Employment Opportunity Commission (EEOC) regarding defendant(s) discriminatory conduct on or about:

02, 20, 2022 (month/day/year)

- g. The EEOC sent a "Notice of Right to Sue"* which I received on or about: 10 / 14 / 2022 (month/day/year). *Please attach notice.

The notice is attached to this complaint. ☒ Yes ☐ No

If not, why not: _____

- h. I believe that the defendant(s) is/are still committing these acts against me:

Possibly ☒ Yes ☐ No ☒ The clinic still requires COVID-19 vaccine to be rehired.

4. CAUSE OF ACTION

I allege that the defendant has discriminated against me as follows:

- a. Count 1: I was wrongfully terminated from my job over my religious objection to mandatory vaccination.
Supporting facts (Describe exactly what each defendant did or did not do. State the facts clearly and briefly, in your own words, without citing any legal authority.):

I have a sincerely held belief that I should not take the COVID-19 vaccine. I submitted a religious exemption request, but it was denied. In addition, I was pregnant at the time. Initially pregnant women were exempt from taking the vaccine, but then the employer changed this exemption

and I was mandated to take the vaccine. Please see details in my rebuttal and the attachments following it.

b. Count 2: _____

Supporting facts (Describe exactly what each defendant did or did not do. State the facts clearly and briefly, in your own words, without citing any legal authority.): _____

5. INJURY

How have you been injured by the actions of the defendant(s)? _____

I lost my medical insurance (which was provided thru work). Because of being a green card holder, I couldn't not apply for Medicaid. I accrued medical bills for my pre-natal, and delivery care. Also I lost my source of income, which at the time was the only source of income for my family.

6. REQUEST FOR RELIEF

I believe I am entitled to the following relief: _____

Be reinstated in my previous job without requirement to take the COVID-19 vaccine, and be reimbursed for my financial losses, including my outstanding medical bills and maternity/family leave.

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, costs and attorneys fees.

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that s/he is the plaintiff in the above action, that s/he has read the above complaint, and that the information contained in the complaint is true and correct.



(Signature)

01/17/2023.
(Date)